

County: Manitowoc  
 MANITOWOC HEALTH CARE CENTER - FDD  
 4200 CALUMET AVENUE

Facility ID: 5321

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MANITOWOC 54220 Phone: (920) 683-4100  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 34  
 Total Licensed Bed Capacity (12/31/01): 34  
 Number of Residents on 12/31/01: 30

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? No  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 28

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis		Age Groups		Less Than 1 Year			
Home Health Care	No					13.3			
Supp. Home Care-Personal Care	No					6.7			
Supp. Home Care-Household Services	No	Developmental Disabilities 100.0		Under 65 76.7		More Than 4 Years 80.0			
Day Services	No	Mental Illness (Org./Psy) 0.0		65 - 74 16.7					
Respite Care	Yes	Mental Illness (Other) 0.0		75 - 84 3.3		100.0			
Adult Day Care	No	Alcohol & Other Drug Abuse 0.0		85 - 94 3.3		*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic 0.0		95 & Over 0.0		Full-Time Equivalent			
Congregate Meals	No	Cancer 0.0				Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures 0.0		100.0		(12/31/01)			
Other Meals	No	Cardiovascular 0.0		65 & Over 23.3					
Transportation	No	Cerebrovascular 0.0				RNs 0.7			
Referral Service	No	Diabetes 0.0		Sex %		LPNs 9.7			
Other Services	No	Respiratory 0.0				Nursing Assistants,			
Provide Day Programming for Mentally Ill	No	Other Medical Conditions 0.0		Male 66.7		Aides, & Orderlies 45.8			
Provide Day Programming for Developmentally Disabled	Yes	100.0		Female 33.3					
				100.0					

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#### Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	30	100.0	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	30	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		30	100.0		0	0.0		0	0.0		0	0.0		0	0.0		30	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	70.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	16.7	Bathing	0.0	66.7	33.3	30
Other Nursing Homes	8.3	Dressing	23.3	43.3	33.3	30
Acute Care Hospitals	4.2	Transferring	63.3	20.0	16.7	30
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	20.0	43.3	36.7	30
Rehabilitation Hospitals	0.0	Eating	50.0	23.3	26.7	30
Other Locations	0.0	*****				
Total Number of Admissions	24	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.3	Receiving Respiratory Care		3.3
Private Home/No Home Health	58.3	Occ/Freq. Incontinent of Bladder	60.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	16.7	Occ/Freq. Incontinent of Bowel	53.3	Receiving Suctioning		3.3
Other Nursing Homes	0.0			Receiving Ostomy Care		3.3
Acute Care Hospitals	8.3	Mobility		Receiving Tube Feeding		10.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	26.7	Receiving Mechanically Altered Diets		56.7
Rehabilitation Hospitals	0.0					
Other Locations	16.7	Skin Care		Other Resident Characteristics		
Deaths	0.0	With Pressure Sores	0.0	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	20.0	Medications		
(Including Deaths)	24			Receiving Psychoactive Drugs		56.7

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Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities  
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	This Facility %	FDD Facilities %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.4	84.6	0.97	84.6	0.97
Current Residents from In-County	90.0	41.3	2.18	77.0	1.17
Admissions from In-County, Still Residing	12.5	17.0	0.73	20.8	0.60
Admissions/Average Daily Census	85.7	18.6	4.60	128.9	0.66
Discharges/Average Daily Census	85.7	22.2	3.87	130.0	0.66
Discharges To Private Residence/Average Daily Census	64.3	9.4	6.87	52.8	1.22
Residents Receiving Skilled Care	0.0	0.0	0.00	85.3	0.00
Residents Aged 65 and Older	23.3	15.8	1.47	87.5	0.27
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	68.7	1.46
Private Pay Funded Residents	0.0	0.5	0.00	22.0	0.00
Developmentally Disabled Residents	100.0	99.7	1.00	7.6	13.19
Mentally Ill Residents	0.0	0.2	0.00	33.8	0.00
General Medical Service Residents	0.0	0.1	0.00	19.4	0.00
Impaired ADL (Mean) *	50.0	50.6	0.99	49.3	1.01
Psychological Problems	56.7	46.6	1.22	51.9	1.09
Nursing Care Required (Mean) *	12.1	11.0	1.10	7.3	1.65